

Barriers to psychiatric care and placement in patients with ASD presenting to the ED for behavioral health concerns

INTRODUCTION

Recent challenges to the healthcare system including the COVID-19 Pandemic have revealed deficiencies in our care systems for individuals with psychiatric illness. In particular, disposition of patients with Autism Spectrum Disorder (ASD) presented a regular challenge to our institution's Emergency Department (ED). This is consistent with national data suggesting that psychiatric patients in EDs typically have longer lengths of stays (1). Unfortunately, individuals with ASD may be especially vulnerable given differences in emotion regulation, sensory processing, and difficulty accommodating to change in a new setting such as an ED (2). To better characterize this problem, our research group reviewed local ED on the psychiatric and behavioral outcomes of individuals with ASD presenting with psychiatric concerns.

CASES AND DATA

The study was a retrospective chart review during the year 2023. IRB approval not obtained as this is part of an ongoing QI project. The case record of the CL service at the Milton S Hershey Medical Center was manually reviewed by one of the authors (DR). Cases of individuals with ASD were noted when the ED reached out to the psychiatry service for consultation. Data on the hospital course including patient gender, age, length of stay (los) in the ED, number of referrals, number of behavioral codes requiring security staff, and ultimate disposition were noted.

75 total number of relevant cases were noted. Data is summarized graphically to the right in Figure 1.1. The patients were on average 17.1 years old, with a length of stay of 57.2 hours with 24% of patients requiring security intervention at some point. Over 2/3rds of patients were ultimately discharged to home. Patients discharged home had no substantial changes in their current level of support and resources in the community. Common barrier in disposition included no available beds, facilities not able to accommodate their level of functioning and independence with ADLs, not able to accommodate current level of acuity and multiple others.

DISCUSSION

- Patient with any mental health diagnosis, have prolonged length of stays in the ED, especially with co-occurring mental health and substance use disorder and those required transfers to other facilities. ¹
- Patient in the ED with ASD face more challenges including crowded waiting areas, noise, and physical restraints as well as prolonged length of stays. ²
- Delays in care and prolonged length of stays were an issue before for patient with neurodevelopmental disorders but have increased since the Covid19 pandemic. ³
- One common barrier often found for appropriate and timely care, is the limited availability of community-based resources, that would be able to divert psychiatry-related visits to the ED. ⁴
- Overall, the research in this topic is limited, and requires further investigation, to find better strategies and avoid unnecessary visits to the ED, prolonged length of stays and hospitalizations for patients with ASD. ⁵

Average Length of Stay

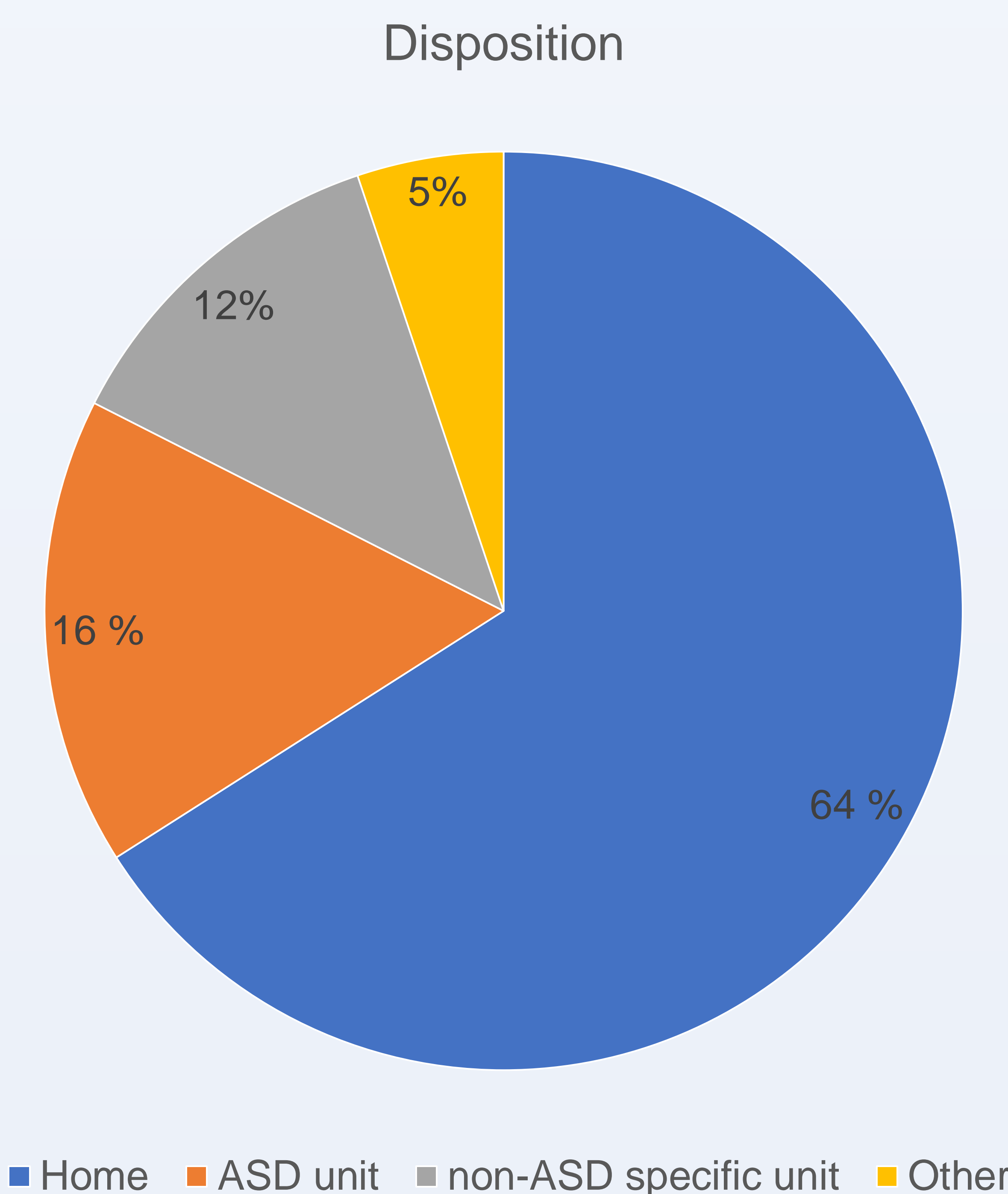
57.2 hours

Average Number of Referrals

19 hospitals

Security Involvement

24 percent of admissions



CONCLUSIONS

Efficient care of individuals with ASD remains a clinical issue, and bottlenecks and multiple points after ED presentation compound issue. This increases risk of behavioral disturbance, which worsens likelihood of successful placement. The data reflects limited clinical intervention apart from respite for majority of included patients. This does not mean that behaviors did not warrant inpatient admission, but rather change was able to be actualized in a sub-optimal setting, which has important resource utilization implications. While ED not an ideal treatment setting, this begs the question if clinical workflow can be adjusted to better accommodate needs of individuals with ASD and/or neurodevelopmental disorders. This is concordant with inpatient literature regarding potential utility of proactive behavioral health consultation (3). Ongoing interventions also include embedding of a masters-level therapist in the emergency department, advanced training for nursing and management staff, and improved functional connectivity with local psychiatric hospitals to improve referral pipeline.

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